PART B - FEE(S) TRANSMITTAL

Complete and send that form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

(703) 746-4000 or Fax

	CE ADDRESS (Note: Use Block 1 for			Note: A certificate Fee(s) Transmittal.	of mailing can only be used f	or domestic mailings of the
23363	7590 05/05/2005			papers. Each addition	onal paper, such as an assignmented of mailing or transmission.	ent or formal drawing, mu
		•			ū	
,	RKER & HALE, LLP			I hereby certify that	Certificate of Mailing or Trans this Fee(s) Transmittal is bein	g denosited with the Unite
PO BOX 7068 PASADENA, CA	91109-7068			States Postal Service addressed to the Matter to the Utransmitted to the U	e with sufficient postage for fin fail Stop ISSUE FEE address SPTO (703) 746-4000, on the	st class mail in an envelop above, or being facsimi date indicated below.
704/2005 MBELETE2 00000051 10789360					Prout	(Depositor's name
C:1503	1100.00 DP			14	4	(Signature
C:1504	300.00 OP 45.00 OP			August	1, 2005	(Date
C: 8003 APPLICATION NO.	FILING DATE	1	FIRST NAMED INVI	ENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/789,360	02/26/2004		Kazunari Iwal	ci .	52013/DBP/A400	6125
TITLE OF INVENTION: I	PETUNIA PLANT NAMED	'SUNPURPLE'				
APPLN. TYPE	SMALL ENTITY	ISSUE FE	3E	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional NO		\$1100		\$300	\$1400	08/05/2005
EXAMINER		ART UNI	IT	CLASS-SUBCLASS		
BELL, KENT L		1661		PLT-356000	_	•
Change of correspon	idence address (or Change of	,	(1) the names or or agents OR, al		tent attorneys	PARKER AND HA
CFR 1.363). Change of correspor Address form PTO/SB/ "Fee Address" indic: PTO/SB/47; Rev 03-02	idence address (or Change of	Correspondence	(1) the names or or agents OR, al	Tup to 3 registered pa ernatively, a single firm (having a ey or agent) and the n nt attorneys or agents.	tent attorneys	PARKER AND HA
CFR 1.363). Change of correspor Address form PTO/SB/ "Fee Address" indica PTO/SB/47; Rev 03-02 Number is required.	ndence address (or Change of 122) attached. ation (or "Fee Address" Indica or more recent) attached. Use	Correspondence ation form e of a Customer	(1) the names o or agents OR, al (2) the name of registered attorn 2 registered pate listed, no name of	Tup to 3 registered pa ematively, a single firm (having a ey or agent) and the n nt attorneys or agents. vill be printed.	tent attorneys	PARKER AND HA
CFR 1.363). Change of correspor Address form PTO/SB/ "Fee Address" indica PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME AN PLEASE NOTE: Unles	dence address (or Change of 122) attached. ation (or "Fee Address" Indica or more recent) attached. Use	Correspondence ation form e of a Customer BE PRINTED ON Telow, no assignee of	(1) the names o or agents OR, al (2) the name of registered attorn 2 registered pate listed, no name v HE PATENT (prindata will appear on	Tup to 3 registered pa ematively, a single firm (having a ey or agent) and the n nt attorneys or agents. vill be printed. t or type) the patent. If an assi	tent attorneys	
CFR 1.363). Change of correspor Address form PTO/SB/ "Fee Address" indica PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME AN PLEASE NOTE: Unles	adence address (or Change of 122) attached. ation (or "Fee Address" Indicator more recent) attached. Use D RESIDENCE DATA TO Best an assignee is identified bein 37 CFR 3.11. Completion	Correspondence ation form e of a Customer BE PRINTED ON T elow, no assignee of this form is NOT	(1) the names o or agents OR, al (2) the name of registered attorn 2 registered pate listed, no name v. HE PATENT (prindata will appear on a substitute for fil	Tup to 3 registered pa ematively, a single firm (having a ey or agent) and the n nt attorneys or agents. vill be printed. t or type) the patent. If an assi	s a member a 2s a member a 2s for a member a 3s gnee is identified below, the definition of the state of t	
CFR 1.363). Change of correspor Address form PTO/SB/ "Fee Address" indic PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME AN PLEASE NOTE: Unles recordation as set forth (A) NAME OF ASSIGNED SURPORY	addence address (or Change of 122) attached. ation (or "Fee Address" Indicator more recent) attached. Use DRESIDENCE DATA TO B as an assignee is identified bein 37 CFR 3.11. Completion NEE Flowers Limited	Correspondence ation form e of a Customer BE PRINTED ON T elow, no assignee of this form is NOT (B)	(1) the names o or agents OR, al (2) the name of registered attorn 2 registered pate listed, no name v. HE PATENT (prindata will appear on a substitute for fil	Tup to 3 registered pa ematively, a single firm (having a ey or agent) and the n nt attorneys or agents. vill be printed. tor type) the patent. If an assing an assignment.	s a member a 2s a member a 2s for a member a 3s gnee is identified below, the definition of the state of t	
CFR 1.363). Change of correspor Address form PTO/SB/ "Fee Address indic PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME AN PLEASE NOTE: Unles recordation as set forth (A) NAME OF ASSIGNEY Keisei F	addence address (or Change of 122) attached. ation (or "Fee Address" Indicator more recent) attached. Use DRESIDENCE DATA TO Best an assigned is identified bein 37 CFR 3.11. Completion NEE Flowers Limited Rose Nurseries,	Correspondence ation form e of a Customer E PRINTED ON T elow, no assignee of this form is NOT (B) d and Inc.	(1) the names of or agents OR, all (2) the name of registered attorn 2 registered pate listed, no name of the PATENT (prind the pate of a substitute for fill (2) RESIDENCE: (C. Tokyo, J. Tokyo, J. Tokyo, J.	Tup to 3 registered pa ematively, a single firm (having a ey or agent) and the n nt attorneys or agents. vill be printed. tor type) the patent. If an assing an assignment. TY and STATE OR Capan	s a member a 2s ames of up to If no name is 3s gnee is identified below, the dOUNTRY)	locument has been filed i
CFR 1.363). Change of correspor Address form PTO/SB/ TFC Address form PLEASE NOTE: Unles recordation as set forth form PTO/SB/ TFC Address form PTO/SB	dence address (or Change of 122) attached. ation (or "Fee Address" Indicator more recent) attached. Use DRESIDENCE DATA TO Best an assigned is identified bein 37 CFR 3.11. Completion NEE Flowers Limited Cose Nurseries, te assigned category or category or category.	Correspondence ation form e of a Customer BE PRINTED ON T clow, no assignce of of this form is NOT (B) d and Inc. prices (will not be pri	(1) the names of or agents OR, all (2) the name of registered attorn 2 registered pate listed, no name with the PATENT (prind data will appear on a substitute for fill) RESIDENCE: (C. Tokyo, J. Tokyo, J. Inted on the patent)	Tup to 3 registered parematively, a single firm (having a ey or agent) and the n int attorneys or agents. It or type) the patent. If an assing an assignment. TY and STATE OR Company apan in Description of the patent of the pa	s a member a 2s a member a 2s for a member a 3s gnee is identified below, the definition of the state of t	locument has been filed i
CFR 1.363). Change of correspor Address form PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME AN PLEASE NOTE: Unles recordation as set forth (A) NAME OF ASSIGNED NAME OF ASSIGNED SUNTORY Keisei F. Please check the appropriat 4a. The following fee(s) are	dence address (or Change of 122) attached. ation (or "Fee Address" Indicator more recent) attached. Use DRESIDENCE DATA TO Best an assigned is identified bein 37 CFR 3.11. Completion NEE Flowers Limited Cose Nurseries, te assigned category or category or category.	Correspondence ation form e of a Customer BE PRINTED ON T elow, no assignee of this form is NOT (B) d and Inc. pries (will not be pri	(1) the names of or agents OR, all (2) the name of registered attorn 2 registered attorn 2 registered pate listed, no name with the PATENT (prind the data will appear on a substitute for fill of the pate of the patent). Payment of Fee(s)	Tup to 3 registered parematively, a single firm (having a ey or agent) and the n int attorneys or agents. It or type) the patent. If an assing an assignment. TY and STATE OR Company apan Individual	s a member a 2ames of up to If no name is 3gnee is identified below, the dOUNTRY) **Corporation or other private gr	locument has been filed i
CFR 1.363). Change of correspor Address form PTO/SB/ TFGE Address form PTO/SB/ TFGE Address form PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME AN PLEASE NOTE: Unles recordation as set forth (A) NAME OF ASSIGN Suntory Keisei FPlease check the appropriata. The following fee(s) and Market Fee	dence address (or Change of 122) attached. ation (or "Fee Address" Indicator more recent) attached. Use D RESIDENCE DATA TO Best an assigned is identified bein 37 CFR 3.11. Completion NEE Flowers Limited Rose Nurseries, te assigned category or category enclosed:	Correspondence ation form e of a Customer BE PRINTED ON T clow, no assignce of this form is NOT (B. d. and Inc. pries (will not be pri	(1) the names of or agents OR, ald (2) the name of registered attorn 2 registered attorn 2 registered pate listed, no name with the PATENT (prind data will appear on a substitute for fill of the patent). Payment of Fee(s) XX A check in the	Tup to 3 registered parematively, a single firm (having a ey or agent) and the n int attorneys or agents. It or type) the patent. If an assing an assignment. TY and STATE OR Company apan Individual XX	s a member a 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	locument has been filed i
CFR 1.363). Change of correspor Address form PTO/SB/ "Fee Address" indice PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME AN PLEASE NOTE: Unles recordation as set forth (A) NAME OF ASSIGNED Suntory Keisei Felase check the appropriate 4a. The following fee(s) are XX Issue Fee	dence address (or Change of 122) attached. ation (or "Fee Address" Indica or more recent) attached. Use DRESIDENCE DATA TO Best an assignee is identified bein 37 CFR 3.11. Completion NEE Flowers Limited Rose Nurseries, te assignee category or catego e enclosed: small entity discount permitted.	Correspondence ation form e of a Customer SE PRINTED ON T elow, no assignee cof this form is NOT (B) d and Inc. pries (will not be pri 4b.	(1) the names of or agents OR, all (2) the name of registered attorn 2 registered attorn 2 registered pate listed, no name of the pate listed, no name of a substitute for fill (2) RESIDENCE: (CTokyo, Jonted on the patent) Payment of Fee(s)	Tup to 3 registered parematively, a single firm (having a ey or agent) and the n int attorneys or agents. It or type) the patent. If an assing an assignment. TY and STATE OR Capan apan individual XX amount of the fee(s) is dit card. Form PTO-20	s a member a 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	locument has been filed to
CFR 1.363). Change of correspor Address form PTO/SB/ TFGE Address form PTO/SB/ TFGE Address form PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME AN PLEASE NOTE: Unles recordation as set forth (A) NAME OF ASSIGN Suntory Keisei FPlease check the appropriata. The following fee(s) and Market Fee	dence address (or Change of 122) attached. ation (or "Fee Address" Indica or more recent) attached. Use DRESIDENCE DATA TO Best an assignee is identified bein 37 CFR 3.11. Completion NEE Flowers Limited Rose Nurseries, te assignee category or catego e enclosed: small entity discount permitted.	Correspondence ation form e of a Customer SE PRINTED ON T elow, no assignee cof this form is NOT (B) d and Inc. pries (will not be pri 4b.	(1) the names of or agents OR, all (2) the name of registered attorn 2 registered attorn 2 registered pate listed, no name of the pate listed, no name of a substitute for fill (2) RESIDENCE: (Control of the patent) Tokyo, Junted on the patent) Payment of Fee(s)	Tup to 3 registered parematively, a single firm (having a ey or agent) and the n int attorneys or agents. It or type) the patent. If an assing an assignment. TY and STATE OR Capan apan individual XX amount of the fee(s) is dit card. Form PTO-20	s a member a 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	locument has been filed to
CFR 1.363). Change of correspor Address form PTO/SB/ "Fee Address" indice PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME AN PLEASE NOTE: Unles recordation as set forth (A) NAME OF ASSIGN Suntory Keisei Felase check the appropriate. 4a. The following fee(s) are X Issue Fee X Publication Fee (No X Advance Order - # 6	dence address (or Change of 122) attached. ation (or "Fee Address" Indicator more recent) attached. Use DRESIDENCE DATA TO Be as an assignee is identified be in 37 CFR 3.11. Completion NEE Flowers Limited Rose Nurseries, the assignee category or category enclosed: small entity discount permitted for Copies 3 s (from status indicated above	Correspondence ation form e of a Customer SE PRINTED ON T elow, no assignee cof this form is NOT (B) d and Inc. pries (will not be pri 4b. ed)	(1) the names of or agents OR, all (2) the name of registered attorn 2 registered attorn 2 registered pate listed, no name of the pate listed, no name of a substitute for fill (2) RESIDENCE: (CTokyo, Jonted on the patent) Payment of Fee(s) A check in the payment by creating payment by creating payment of the payment of payment by creating payment of payment by creating payment	Tup to 3 registered parematively, a single firm (having a ey or agent) and the n in tattorneys or agents. It or type) the patent. If an assing an assignment. TY and STATE OR Company apan Individual XX amount of the fee(s) is dit card. Form PTO-20 thereby authorized by umber 03-1/28	s a member a 2 ames of up to If no name is 3 gnee is identified below, the d OUNTRY) Corporation or other private gr enclosed. 138 is attached. 15 charge the required fee(s), or (enclose an extra c	oup entity Government, opy of this form).
CFR 1.363). Change of correspor Address form PTO/SB/ "Fee Address" indice PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME AN PLEASE NOTE: Unles recordation as set forth (A) NAME OF ASSIGNED SUBJECT OF ASSIGNED AND ADDRESS OF ASSIGNED	addence address (or Change of 122) attached. ation (or "Fee Address" Indicator more recent) attached. Use DRESIDENCE DATA TO Best an assignee is identified bein 37 CFR 3.11. Completion NEE Flowers Limited Rose Nurseries, the assignee category or category enclosed: small entity discount permitted from status indicated above SMALL ENTITY status. See	Correspondence ation form e of a Customer SE PRINTED ON T elow, no assignee of this form is NOT (B) d and Inc. writes (will not be pri 4b. ed) 37 CFR 1.27.	(1) the names of or agents OR, all (2) the name of registered attorn 2 registered attorn 2 registered pate listed, no name of the PATENT (prind data will appear on a substitute for fill (1) RESIDENCE: (CTokyo, JTokyo, JTokyo, Janted on the patent) Payment of Fee(s) A check in the Payment by creating Payment by creating payment by creating payment of Deposit Account N	Tup to 3 registered parematively, a single firm (having a ey or agent) and the n in tattorneys or agents. It or type) the patent. If an assing an assignment. TY and STATE OR Company apan Individual American apan amount of the fee(s) is dit card. Form PTO-20 thereby authorized by umber 03-1728	s a member a 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	oup entity Government opy of this form).
CFR 1.363). Change of correspor Address form PTO/SB/ "Fee Address" indice PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME AN PLEASE NOTE: Unles recordation as set forth (A) NAME OF ASSIGNED SUBJECT OF ASSIGNED AND ADDRESS OF ASSIGNED	addence address (or Change of 122) attached. ation (or "Fee Address" Indicator more recent) attached. Use DRESIDENCE DATA TO Best an assignee is identified bein 37 CFR 3.11. Completion NEE Flowers Limited Rose Nurseries, the assignee category or category enclosed: small entity discount permitted from status indicated above SMALL ENTITY status. See	Correspondence ation form e of a Customer SE PRINTED ON T elow, no assignee of this form is NOT (B) d and Inc. writes (will not be pri 4b. ed) 37 CFR 1.27.	(1) the names of or agents OR, all (2) the name of registered attorn 2 registered attorn 2 registered pate listed, no name of the PATENT (prind data will appear on a substitute for fill (1) RESIDENCE: (CTokyo, JTokyo, JTokyo, Janted on the patent) Payment of Fee(s) A check in the Payment by creating Payment by creating payment by creating payment of Deposit Account N	Tup to 3 registered parematively, a single firm (having a ey or agent) and the n in tattorneys or agents. It or type) the patent. If an assing an assignment. TY and STATE OR Company apan Individual American apan amount of the fee(s) is dit card. Form PTO-20 thereby authorized by umber 03-1728	s a member a 2 ames of up to If no name is 3 gnee is identified below, the d OUNTRY) Xorporation or other private gneeclosed. 38 is attached. 4 charge the required fee(s), or (enclose an extra c	oup entity Government, opy of this form).

an application. Confidentiality is governed by 35 U.S.C. 122 and 3/ CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.